

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037011

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 2231

FILED OCT 11 1962

VS 300
Rev. 4/591 40222 4002

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN EllisvilleLength of stay in lb
42 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sunset SanitariumInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY St. Louisc. CITY
OR TOWN ManchesterInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1000 Dauphine LaneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Henry John Epstein

4. DATE OF DEATH

Month Day Year
9/21/62

5. SEX

M

6. COLOR OR RACE

W7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/10/1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

So. Side Mach. Co. St. Louis, Mo.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph Epstein

13b. MOTHER'S MAIDEN NAME

Elizabeth Worms

14. NAME OF HUSBAND OR WIFE

~~Edwin Eldon, Manchester, Mo.~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr.Edwin Eldon, Manchester, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral apoplexy
Penalized arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH
30 minConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James E. Meyer, MD.

22b. ADDRESS

Manchester, Mo.

22c. DATE SIGNED

Sept 21, 1962

23. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

9/24/62

23c. NAME OF CEMETERY OR CREMATORY

St. Peter & Paul Cem., 7030 Gravois, St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo

25. DATE RECD. BY LOCAL REG.

9-22-62

26. REGISTRAR'S SIGNATURE

John B. Murphy, MD.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.